

**ACKNOWLEDGEMENT OF RECEIPT OF
REGULATION 61-109
*STANDARDS FOR PERMITTING BODY PIERCING FACILITIES***

In compliance with Section 103.E.1a of the regulation, I acknowledge that I have
Received a copy of DHEC Regulation 61-109, *Standards for Permitting Body
Piercing Facilities*.

(Signature)

(Printed Name)

(Name of Facility)

(Address of Facility)

(City and Zip Code)

Prior to, or at the time of applying for a body piercing facility permit, please
forward this completed form to:

Division of Health Licensing
SC DHEC
2600 Bull Street
Columbia, South Carolina 29201-1708